WEDNESDAY • October 9, 2002

Clinical Congress News

American College of Surgeons • 88th Clinical Congress • October 6-11, 2002 • San Francisco

The American College of Surgeons is dedicated to improving the care of the surgical patient and to safeguarding standards of care in an optimal and ethical practice environment.

Surgeons talk about the influence of their personal and professional heroes

Some heroes are legendary, known and adored by individuals drawn from several generations. Others become the idols to those lucky few who have regular contact with them. Regardless of their scale, though, all heroes play an important role in shaping society and in setting standards of behavior. Several prominent surgical educators discussed how their personal and professional heroes influenced their career decisions during a general session yesterday.

Moderating the session was Susan Kaiser, MD, FACS, clinical professor of surgery at Mount Sinai Hospital in New York, NY. Dr. Kaiser that said a common definition of a hero, and the one most applicable to this discussion, is an "an object of extreme adoration and devotion," an idol.

Arthur H. Aufses, Jr., MD, FACS, professor of surgery at Mount Sinai, added that heroes in this context are individuals who are venerated for their noble characteristics, who possess outstanding qualities. Dr. Aufses added that Sherman Nuland, MD, FACS, has described heroes as people who "share an endless curiosity, a huge capacity for work, and a willingness to defy convention."

Dr. Aufses pointed to several surgeons who shared these qualities and played compelling roles in his life, several of whom were legends he learned about while pursuing his career. One of those surgeons was Arpard Gerster, MD, who published the first book on aseptic and antiseptic surgery in the U.S. and was the first to propose that surgery might be effective in curing cancer, Dr. Aufses said

A disciple of Dr. Gerster, Howard Lillienthal, MD, is another of Dr. Aufses' idols. Dr. Lillienthal was a founding father of thoracic surgery. He also invented the portable operating table used during World War I. Additionally, Dr. Lillienthal performed the first successful colectomy, the first successful procedure using endotracheal anesthesia, and the first successful lobectomy and esophogectomy. Besides being an innovator, Dr. Lillienthal was willing to "roll up his sleeves and wallow in the mire with rest of the troops," according to accounts of the man's career, Dr. Aufses said.

Another one of Dr. Aufses' heroes was his father, Arthur H. Aufses, Sr., who "stimulated me to go into surgery starting at about age five," he said. The elder Dr. Aufses was a pioneer in surgery for tuberculosis.

Later in life, David V. Habif, MD, who Dr. Aufses trained under, became a prominent figure in his life, largely because he was a "gentle, meticulous, caring" professor and surgeon. "It was that love of teaching, that love of mentoring, that cemented him in my mind as a hero," Dr. Aufses said.

Dr. Aufses also trained under John H. Garlock, MD, who was "one of the finest surgical technicians the world has ever seen," he said. Dr. Garlock was a quiet, reserved surgeon, who never spoke in the operating room, "but if you watched him, you couldn't help but learn."

Lastly, Mark Ravitch, MD, FACS, the first full-time chief of surgery at Mount Sinai and a maverick who introduced stapling devices to the U.S., is one of Dr. Aufses' heroes. "Morality, ethics, integrity — they were the watch words of Mark Ravitch."

The 2002 National Safety Council Surgeon's Award for Service to Safety was presented this year to Charles Aprahamian, MD, FACS (center), who, as the citation specifies, "for 25 years has devoted his professional life to the prevention of injury and the training of surgeons, residents, and students in trauma care with distinction and personal commitment."

Presenting the award on Monday evening on behalf of the National Safety Council were J. Wayne Meredith, MD, FACS, Chair of the Committee on Trauma (left), and David B. Hoyt, MD, FACS, president of the American Association for the Surgery of Trauma and Medical Director of the ACS Trauma Programs.

Anna M. Ledgerwood, MD, FACS, professor of surgery at Wayne State University in Detroit, MI, also described the individuals who have served as heroes in her life and in her work. Her earliest role models were her parents, who were tenant farmers in Washington State. They instilled in her and her siblings a sense of responsibility and the importance of teamwork in getting a job done, all necessary for any member of the surgical profession.

"My mother was my first anatomy teacher," Dr. Ledgerwood added. The two would work together preparing chicken for Sunday dinner, and Dr. Ledgerwood's mother would explain the function's of all the bird's organs.

The first physician role model in Dr. Ledgerwood's life was R.J. Weiland, MD, the family physician and surgeon who operated on her mother and allowed Dr. Ledgerwood to view the procedure at age 16. Dr. Weiland was pivotal in Dr. Ledgerwood's career choice.

Unfortunately, once she arrived at medical school, she found few female surgical role models. "All the women residents were in pediatrics," she said. The lone woman professor was chair of the department of obstetrics and gynecology. As a result, Dr. Ledgerwood rotated through pediatrics and ob/gyn, along with internal medicine, but was drawn to surgery nonetheless.

While training in general surgery at Wayne State University, Dr. Ledgerwood met her next hero, Alexander Walt, MD, FACS, a Past-Chair of the Board of Regents of the College. "He accepted me as a surgeon resident when it wasn't 'fashionable' for women to enter the profession," she said.

At Wayne State University, Dr. Ledgerwood met a hero who remains in her life professionally and personally, Charles E. Lucas, MD, FACS, her husband. One of Dr. Lucas' most admirable characteristics is that he "always treated patients as if they were family and expected the residents to do the same," Dr. Ledgerwood said.

In addition to cataloguing her idols, Dr. Ledgerwood offered some tips on how this year's Clinical Congress participants might stimulate potential residents to achieve their goals and pursue surgical careers. Among her suggestions were: designing training programs that are centered on educational objectives rather than a service orienta-

(continued on page 2)

HEROES, from page 1

tion; bearing in mind that women often go into ob/gyn "because they are treated as colleagues, not servants"; and rewarding residents.

She noted that many medical students, particularly women, avoid surgical residencies because they fear that a career in surgery will mean that they must forfeit having a family — that they "won't have a life." Dr. Ledgerwood said, "I like to think that I have two lives. I have my surgical life. . .and a private life." Residents need to see that their mentors have both. She noted that several times a year, she and Dr. Lucas invite their residents into their home to see that they have a life away from the hospital center. Several of these individuals have gone on to have surgical careers and family lives.

While many of Dr. Ledgerwood's comments focused on the concerns of women in surgery, LaSalle D. Leffall, Jr., MD, FACS, a Past-President of the College and Charles R. Drew Professor of Surgery at Howard University Hospital in Washington, DC, spoke in part about the experiences of the African-Americans who influenced his career.

Dr. Leffall's first hero was his father, a high school principal in the segregated South, who told him that when a person has "a good education, combined with honesty and integrity, there are no boundaries."

His father, and his other role models, also taught him the importance of "equanimity under duress," Dr. Leffall said. They showed him that maintaining a degree of tranquility when the pressure's on is key in surgery and in dealing with obstacles in life. This quality was reflected in a statement by perhaps the most significant professional hero in Dr. Leffall's life, Charles R. Drew, MD: "Excellence in performance will always transcend barriers made by man," Dr. Leffall noted. "I never forgot that."

Dr. Leffall noted that Dr. Drew overcame many hurdles throughout his illustrious career, breaking down the color barriers at institutions where he trained and worked, earning the respect of all surgeons and residents because of his surgical ability. He became best known for the seminal work he did with Charles Locke Scudder, MD, FACS, on blood preservation.

Dr. Drew died as the result of injuries sustained in a major automobile crash outside of Burlington, NC. "A big myth" surrounding his death is that Dr. Drew did not receive adequate care at the hospital where he was driven because he was black. However, Dr. Leffall said that the three surviving passengers in the car said that every effort was made to save Dr. Drew and that the surgeons at the hospital knew who he was and worked hard to preserve the life of a hero in their field.

Another icon in Dr. Leffall's career was Jack E. White, MD, the first African-American man accepted to train in surgical oncology at Memorial Sloan-Kettering Hospital in New York, NY. His work there "made me want to go into surgical oncology," Dr. Leffall said.

Similarly, Dr. Leffall had great admiration for Matthew Walker, MD, who was asked to perform an operation in order to get boarded. He did a thyroidectomy with the goal of not losing "a single red blood cell," he said. Dr. Walker succeeded.

Dr. Leffall said his other heroes include: Burke Syphax, who was operating until he was in his 70s, who taught at Howard University until he was in his 90s , and who Dr. Leffall described as "a man of great judgment"; Robert Coffey, MD, who helped institute Howard's surgical rotations at Washington, DC, General Hospital; and Thomas Randall, MD, FACS, who trained Dr. Leffall at Memorial Sloan-Kettering and who "loved teaching and emphasized education."

The panelists all attributed their success to the individuals who were willing to sacrifice some of themselves for their residents and future generations of surgeons. They encouraged session participants to do them same and stressed that residents can be role models for medical students.

Harvey W. Bender, MD, FACS (left), Chair of the Fellows Leadership Society, presented the Distinguished Philanthropist Award to Robert E. Berry, MD, FACS (right), and his wife, Margaret Valentine Berry, at the FLS luncheon on Monday afternoon.

Don't miss your Friday CCNews

Fellows who will not be in San Francisco this Friday to pick up their copy of the Clinical Congress News may obtain one by notifying the CCNews office in Moscone Center (tel. 978-3514). We will be happy to mail the issue to you.

The Friday edition contains information on:

- **Coverage of the Presidential Address of Richard R. Sabo, MD, FACS**
- **Convocation activities**
- **The recipient of the ACS Distinguished Service Award**
- **The College's President-Elect and other Officers-Elect**
- **New and re-elected Regents and Governors**

Also, any back issues of this week's CCNews may be obtained after the Congress by contacting Stephen Regnier, Communications, 633 N. Saint Clair St., Chicago, IL 60611-3211; tel. 312/202-5331, e-mail sregnier@facs.org.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

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Pharmacia
Springer-Verlag
Stryker Endoscopy
United States Surgical
Valleylab, Inc.
Vista Staffing Solutions
Weck Closure Systems

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Items of interest or information must be reported to the office of the *Clinical Congress News* by 1:00 pm on the day preceding the desired day of publication.

ACS/STS health policy scholarship available

The American College of Surgeons (ACS) and the Society of Thoracic Surgeons (STS) are offering an annual scholarship to subsidize attendance at and participation in the Harvard University course "Understanding the New World of Healthcare: A Healthcare Policy Program for Physicians, Trustees, and Healthcare Leaders."

The award is in the amount of $8,000, and is to be used toward the cost of tuition, travel, housing, and subsistence during the period of the course. It is open to members in good standing of both the ACS and the STS.

The closing date for receipt of applications is December 15, 2002. Complete requirements for the ACS/STS Health Policy Scholarship are posted on the ACS Web site at *http://www.facs.org/dept/fellowship/acs-sts-healthpolicy.html*. Or call 312/202-5281 for more information.

Submissions for 2003 Video-Based Education Program requested

Videos for general surgery as well as all surgical specialties are being requested for the 2003 Video-Based Education Program. The deadline for submission of videos to be considered for the 2003 Clinical Congress, held October 19 - 23 in Chicago, IL, is February 14, 2003.

For more information or to request a Video Information Form, please contact Gay Lynn Dykman at College headquarters, (312)202-5262, or via e-mail at gdykman@facs.org.

ACS Executive Director Thomas R. Russell, MD, FACS, addresses representatives of the medical industry during a breakfast meeting yesterday in Moscone Center.

Neurosurgeons combine MRI, sonography to improve accuracy of tumor removal

During the Neurological Surgery session of the Surgical Forum held yesterday afternoon, it was reported that surgeons at the University of Iowa, Iowa City, are testing a commercially available computerized image-guided neurosurgery system that links sonograms with magnetic resonance imaging (MRI) scans to produce a highly detailed road map of a patient's brain. As a result, the surgeons are able to track the actual movement of surgical instruments as they operate on brain tissue, thus increasing their assurance that they have completely excised brain tumors. "We don't have to wait for a postoperative image to know if we removed all of a tumor. We can be more confident when we walk out of the operating room that we have accomplished what we set out to do," Timothy C. Ryken, MD, an associate professor in the department of neurosurgery at the University of Iowa, said.

The image-guided surgery system takes advantage of the immediacy of ultrasound and the precision of MRI. As Dr. Ryken explained, ultrasound is an inexpensive way of getting imaging information during surgery. Surgeons can pass an ultrasound probe directly over the surgical field and obtain real-time images of a patient's anatomy, but the resolution of ultrasound images is poor. Because of the grainy quality of sonograms, surgeons often cannot distinguish between normal and abnormal tissue. "Some tumors are not very discrete or easily recognized by ultrasound alone," Dr. Ryken explained.

MRI performed with intravenous contrast media is highly definitive. Contrast material (a chemical that is taken up by and alters the appearance of abnormal structures in the body) travels to and enhances the sites of brain tumors so they appear as white masses on MRI scans. However, having a dedicated MR scanner to identify brain tumors in patients during surgery is extremely expensive. Furthermore, MR imaging during surgery requires surgeons to use special, nonmetallic instruments. Therefore, surgeons commonly have to rely on slices of static MR images that were obtained preoperatively to identify tumors. Surgeons decide how to perform an operation by walking back and forth between the patient and viewboxes hanging along the walls of the operating room that display MR images.

With the computerized image-guided neurosurgery system that marries ultrasound and MRI, Dr. Ryken and his colleagues can view both intraoperative sonograms and preoperative MRI data at the same time on the same operating room computer workstation. The system places a two-dimensional sonogram of a specific area of the brain right next to a three dimensional MRI of the same location. The system's software reconstructs the information from the MRI that corresponds to the spot where the surgeon is holding the ultrasound probe.

The system also helps compensate for the inevitable shift of tissue that occurs during brain surgery, which interferes with the interpretation of preoperative MRI scans and intraoperative findings. "When we have a patient in the MRI scanner, the brain is fixed and solid within the cranium. During surgery, we have to remove a part of the skull to reach the brain. Depending on the position of the craniotomy, the degree of atmospheric pressure, and the severity of the patient's condition, brain tissue may bulge out or sink away. The tumor may now be two to four centimeters away from where we would have predicted it to be, based on the preoperative MRI scan," Dr. Ryken said.

According to the study presented yesterday, intraoperative shift ranged from 0.3 to 3.0 centimeters in 30 patients who were surgically treated for brain metastases between August 1998 and the end of 2001. Nevertheless, the surgeons were able to reliably identify brain metastases because the computerized image-guided surgical system provides a full ultrasound slice image. "When you have the whole ultrasound image to look at, you can still see the whole tumor as a shape, even if the tissue has shifted," Dr. Ryken said.

Imaging information from the system also altered the surgical approach to treatment in some patients, Dr. Ryken added. "There were times when I thought I was finished resecting a tumor but then went back and took some more tissue out because of what the ultrasound and MR images showed," he said.

Dr. Ryken and his colleagues have performed approximately 200 intracranial procedures using the intraoperative image-guided system. The surgeons obtain an MR image of the entire brain usually a day before surgery, store the image electronically, and transfer all the data to a monitor in the operating room. Just before the operation, the surgeons correlate the three-dimensional MRI scan with specific physical points on the patient, such as the bridge of the nose, the eyes, and the ears, so the surgeons can make sure they will be navigating within the brain in relation to some of the patient's fixed anatomic points. By manipulating the ultrasound probe, surgeons then capture two-dimensional ultrasound images of the regions of interest within the brain.

"The preoperative MRI and intraoperative ultrasound aren't linked perfectly, so the system doesn't replace the surgeon's judgment. It is still a tool," Dr. Ryken emphasized. He also noted that researchers need to determine exactly how the system will translate into improved long-term outcomes for patients. However, Dr. Ryken said that, based on findings from the study of patients with metastatic brain tumors, the system is already positively affecting surgical care. "We know that if we get all of a metastatic tumor out, it is less likely to come back. So if we feel confident that we've done a better job of removing the tumor right as we walk out of the operating room, I think that's a benefit," he concluded.

Manali Barua, MD, and John Haller, PhD, were also involved in the study of patients with metastatic brain tumors. The image-guided intraoperative imaging system used by Dr. Ryken and his associates is the StealthStation SonoNavMedtronic, which is manufactured by Surgical Navigation Technologies, Louisville, CO.

Allied Meetings

Wednesday

Morning

AWS Networking
7:00 am - 10:00 am, Breakfast Meeting
San Francisco Marriott, Yerba Salon 1-3, Lower B-2

ASCRS - Membership Committee
7:30 am - 8:30 am, Breakfast Meeting
San Francisco Hilton, Union Square 12, Floor Four, Bldg. 3

ASCRS - Standards Committee
8:00 am - 1:00 pm, Meeting/Luncheon
San Francisco Hilton, Union Square 11, Floor Four, Bldg. 3

ASCRS - RF Research Committee
9:00 am - 12:00 pm, Meeting
San Francisco Hilton, Union Square 10, Floor Four, Bldg. 3

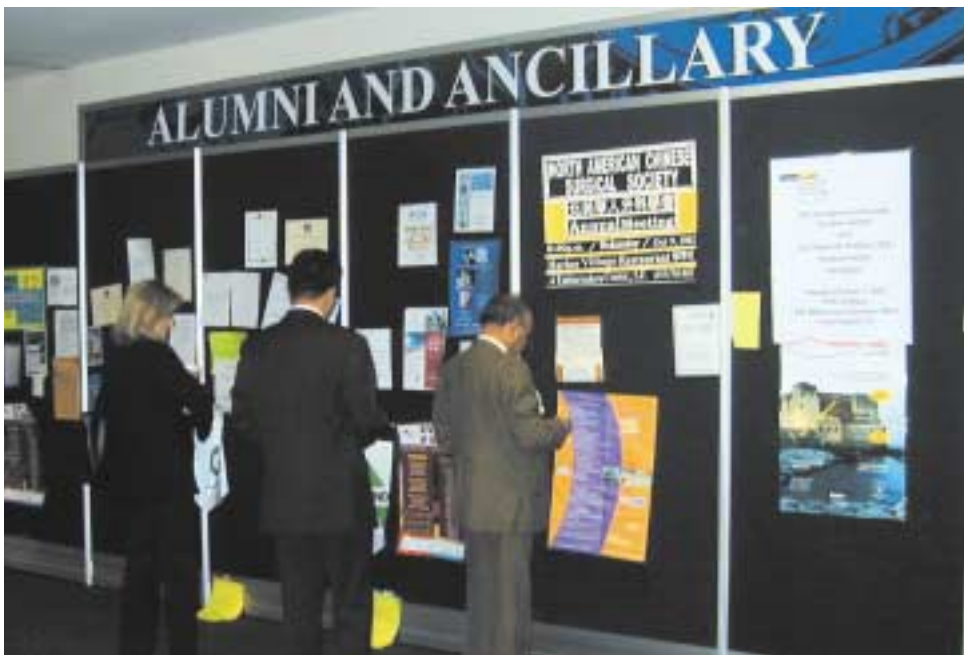
Afternoon

Central Surgical Association Membership Committee Meeting
12:00 pm - 3:00 pm, Meeting/Luncheon
San Francisco Marriott, Pacific D, Floor Four

ASCRS - Program Committee
12:00 pm - 1:30 pm, Luncheon
San Francisco Hilton, Union Square 13, Floor Four, Bldg. 3

ASCRS - DC & R Co-editor's Meeting
1:30 pm - 3:00 pm, Meeting
San Francisco Hilton, Franciscan D, Ballroom Level, Bldgs 1,2,3

American Society of Colon and Rectal Surgeons RF Young Researchers
1:30 pm - 2:30 pm, Meeting
San Francisco Hilton, Union Square 12, Floor Four, Bldg. 3



ASCRS - DC & R Editorial Board Meeting
3:00 pm - 5:00 pm, Meeting
San Francisco Hilton, Franciscan B, Ballroom Level, Bldgs 1,2,3

SAGES Symposium
4:00 pm - 9:00 pm, Meeting and Reception
San Francisco Marriott, Yerba Salon 7, Lower B2

Central Surgical Association Foundation Board of Directors and Committee Members Meeting
4:00 pm - 5:00 pm, Meeting
San Francisco Hilton, Union Square 24, Floor Four, Bldg. 3

Evening

ASCRS Executive Council
5:00 pm - 10:00 pm, Meeting
San Francisco Hilton, Franciscan C, Ballroom Level, Bldgs 1,2,3

USU Surgical Associates/Military Surgery Reception
5:30 pm - 7:00 pm, Reception
San Francisco Hilton, Imperial A, Ballroom Level, Bldgs 1,2,3

University of Colorado, Department of Surgery
5:30 pm - 7:30 pm, Reception
San Francisco Hilton, Plaza A, Lobby Level, Bldgs. 1,2,3

Society of Graduate Surgeons of LAC/USC
6:00 pm - 8:00 pm, Reception
San Francisco Hilton, Yosemite C, Ballroom Level, Bldgs 1,2,3

Southern California Chapter, American College of Surgeons Initiates
6:00 pm - 7:30 pm, Reception
San Francisco Hilton, Continental 8, Ballroom Level, Bldgs 1,2,3

North American Chinese Surgical Society
6:30 pm, Annual Meeting
Harbor VIllage Restaurant.
4 Embarcadero Center

Society of Asian Indian Surgeons of North America (SAISNA)
7:00 pm - 10:00 pm, Dinner/Annual Meeting
Gaylords Restaurant, 1 Embarcadero Center

Michigan State University Department of Surgery
7:00 pm - 9:00 pm, Reception
San Francisco Marriott, Pacific A, Floor Four

ASCRS Executive Council Dinner
7:00 pm - 8:00 pm, Dinner
San Francisco Hilton, Franciscan D, Ballroom Level, Bldgs 1,2,3

Meharry Medical College/Matthew Walker Surgical Society
7:00 pm - 9:00 pm, Reception
San Francisco Hilton, Continental Ballroom

Thursday

Society of Surgical Chairs Annual Meeting
7:30 am - 5:00 pm, Meeting
San Francisco Hilton, Imperial A, Ballroom Level, Bldgs 1,2,3

International Federation of Surgical Colleges Executive Council
9:00 am - 2:00 pm, Meeting
San Francisco Hilton, Union Square 1, Floor Four, Bldg. 3

Society of Surgical Chairs
12:00 pm - 1:30 pm, Luncheon
San Francisco Hilton, Imperial B, Ballroom Level, Bldgs 1,2,3

University of Maryland Alumni Reception
6:00 pm - 8:00 pm, Reception
Westin St. Francis, Yorkshire, Floor Two

Program Changes

Scientific Exhibits

Corrections

SE 123 - The Use of Laparoscopy in Liver Transplant Recipients
Authors:
Jorge Ortiz, MD
Debbie Berlin, MD
David Reich, MD
Cosme Manzarbeitia, MD

SE 204 - The Use of Marginal Donors in Liver Transplantation
Authors:
Jorge Ortiz, MD
Debbie Berlin, MD
David Reich, MD
Cosme Manzarbeitia, MD

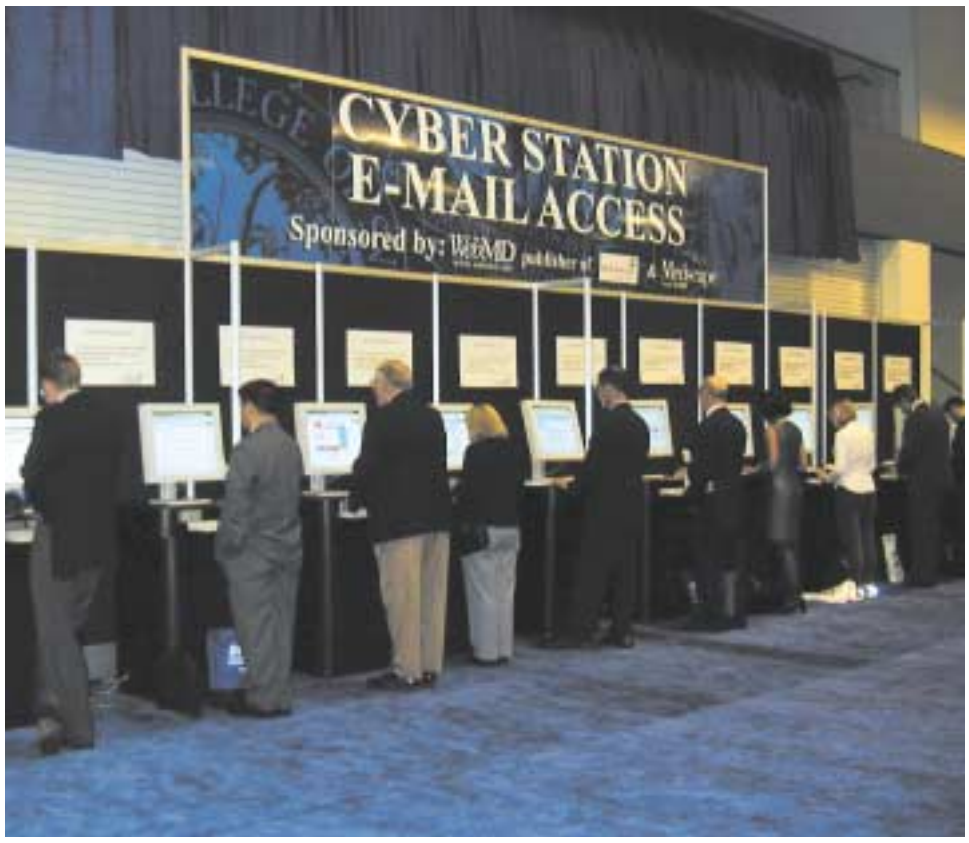
Exhibitors

Several exhibitors were inadvertently omitted from the listing in the "Official Guide to the Exhibits and Meeting Facilities" insert in the Clinical Congress News.

Rubicor, Booth #305
Breast Biopsy Devices
Biopsy Systems

SuturTek, Inc., Booth #309
Devices, Suturing Safety
Suturing Device

American Society for Bariatric Surgery, Booth #2447
Located in Publishers Row of the technical exhibit area

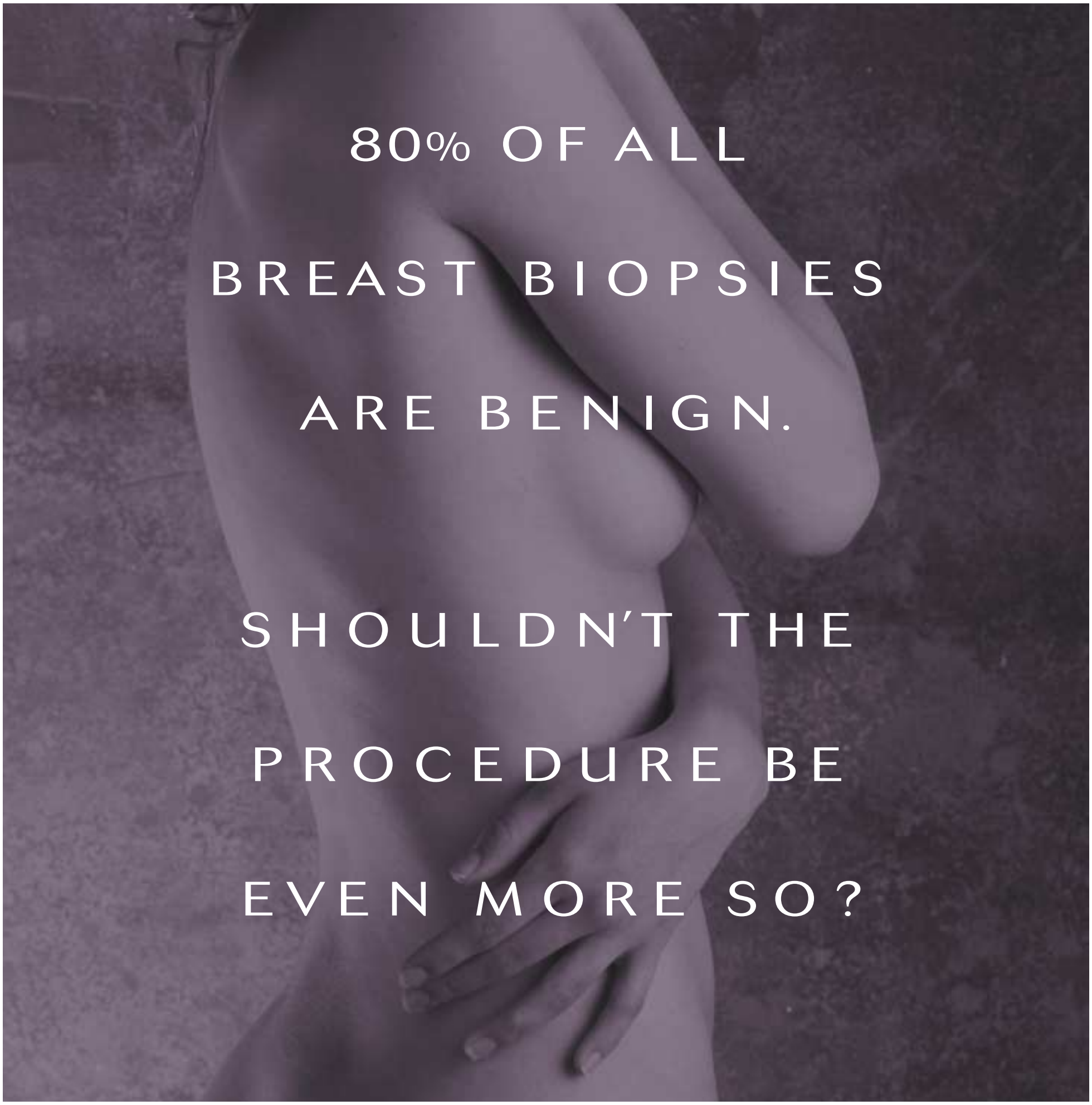


Fellows meet the press

Four panelists of a general session considering "The New Member in the OR: The Surgical Robot," met with the press during a press conference held Monday afternoon at Moscone Center. From left to right, Richard J. Shemin, MD, FACS (moderator), W. Randolph Chitwood, Jr., MD, FACS, Jon C. Bowersox, MD, FACS, and Donald E. Fry, MD, FACS.

Want a quick way to stay up-to-date online?

Then you should sign up to receive *ACS NewsScope*, the College's weekly electronic newsletter. *ACS NewsScope* will provide you with timely news on issues of importance to you and your colleagues and updates on the College's activities in many important areas, including advocacy and health policy, cancer, trauma, education, research, communications, and many other areas of concern and interest to surgeons. If you are not in our database and would like to receive the weekly electronic newsletter, simply send your e-mail address to acsnewsscope@facs.org.



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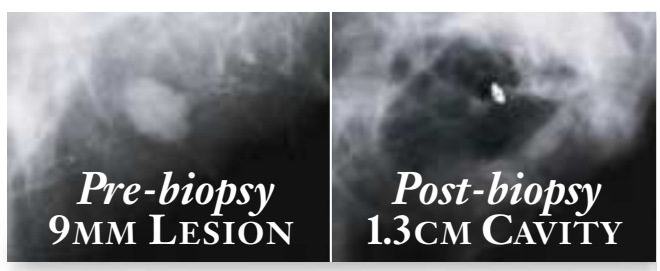

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This year's new Medical Student Program attracted more than 200 students interested in pursuing careers in surgery. These medical students are attending the Clinical Congress and participating in special sessions that will expose them to the discipline of surgery and provide information on surgical training and careers. A waiting list was started for those medical students who could not be accommodated this year but may be able to attend next year. The medical students gathered Sunday evening in front of the Yerba Buena Arts Center.

Medical Student Program

Sponsored by the Committee on Surgical Education in Medical Schools and the Division of Education, the Medical Student Program is open this year to medical students across all four years of the curriculum and from all medical schools in the United States and Canada. In past years, the program invited 40 medical schools to send one, fourth-year student.

In order to reach students earlier in their medical school education and to be more inclusive, this year for the first time, the program is open to all medical students interested in pursuing careers in surgery. Special sessions include topics such as a brief history of surgery, the value of research projects, structuring the medical school years, selecting residency programs, stages of a surgical career across a lifetime, and lifestyle choices. Formal and informal sessions, several receptions including one with members from the Association of Program Directors in Surgery, and participation in CAS-ACS activities provide a variety of opportunities to meet other students, residents, program directors and practicing surgeons who are Fellows of the College.

Help and Information Center

The Help and Information Center in Moscone Center may be reached by calling (415)978-3527 during registration hours.

Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 16,238; 10,325 were physicians and the rest were exhibitors, guests, spouses, or convention personnel.

Jeffrey S. Upperman, MD, Secretary of the Candidate and Associate Society of the American College of Surgeons (CAS-ACS), visited the ACS Resource Center on Monday and spoke with visitors about the symposium the society sponsored on Sunday in Moscone Center. The symposium addressed how professionalism is taught in the medical environment and featured presentations by Ajit K. Sachdeva, MD, FACS, FRCSC, Director of the College's Division of Education, and Michael E. Whitcomb, MD, senior vice-president for medical education and director, division of medical education, Association of American Medical Colleges.

Dr. Upperman, assistant professor in the department of surgery, University of Pittsburgh (PA) Physicians, said that the CAS "seeks to provide a conduit to the College and its programs for all residents and young surgeons in all specialties. Our goal is to open the door to the College a bit wider, and provide opportunities for the opinions and concerns of residents and young surgeons to be heard by the College's leadership."

Further information regarding the CAS-ACS is available on the College's Web site at www.facs.org/cas-acs/index.html, or by contacting Peg Haar at 312/202-5312.